



Chief General Manager (HR Acquisitions)  
HR Acquisitions Department, FHQ  
Oil India Limited

APPLICATION FORMAT

1.	Post applied for			<i>please affix your recent passport size photograph</i>
2.	Post code			
3.	Name in full (in capital letters)	A) First name		
		B) Middle name		
		C) Surname		
4.	Gender (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>		
5.	Date of birth (dd/mm/yyyy)	____/____/____		
6.	Father's name			
7.	Mother's name			
8.	PAN No.			
9.	Nationality			
10.	Marital status			
11.	Aadhaar No.			
12.	Caste Category (please tick)	A)	OBC <input type="checkbox"/>	
	I. Whether belongs to Non-Creamy Layer Category (NCL) (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		If Yes, NCL Certificate no. _____		
		Date: _____		
13.	I. Whether Persons with Benchmark Disabilities (PwBD) (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		If yes, Disability certificate no. _____		
		Date: _____		

	II. If yes, please state the category of persons with disabilities (PwBD)	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <i>(as per advertisement, post identified suitable for PwBD for following:</i>  <i>c) OL, Dw</i> </div>				III. Percentage of disability (%):  _____ %	
14.	Whether domiciled in the State of Jammu & Kashmir during the period from 01/01/1980 to 31/12/1989 (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>					
15.	I. Whether ex-serviceman (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	II. If yes, following details	Date of Enrollment in Defence	Date of Discharge from Defence	Name of Zila Sainik Welfare Office	Registration No.	Date of Renewal	
16.	Educational qualification (as applicable)	College/Institution/University	Specialization/Discipline	Year of passing	Percentage of marks obtained/CGPA/division		
	Graduation						
	Post-graduation						
	Others (if any)						
	Any other academic details						
	Member of professional bodies						
17.	Experience, If any	Name & address of organization	Position/Designation & Grade held	Period of Service		Nature of duties	Place of posting
	<div style="display: flex; justify-content: space-between;"> <span>From</span> <span>To</span> </div>						
For experience details, please attach a separate sheet in this format covering all the above headings. Self-attested experience certificates are also to be attached.							
18.	Permanent address (in block letters)	Name –					
		C/O. (If any) –					
		Village /Town / Place –					
		P.O. –		P.S. –			
		District –		State –			
		PIN –					

19.	Present mailing address/correspondence address (in block letters)	Name –			
		C/O. (If any) –			
		Village /Town / Place –			
		P.O. –	P.S. –		
		District –	State –		
		PIN –			
20.	Valid e-mail Id				
21.	Valid Mobile Number				

### DECLARATION

I hereby declare and certify that the particulars furnished in the application form hereinabove are true, correct and complete in all respects to the best of my knowledge and nothing has been concealed. In case any information provided by me is found to be incorrect, false, and misleading at any stage/time, I shall be fully responsible for the same and have no objection against the cancellation of my candidature without informing me. I shall have no claim against cancellation of my candidature or for appointment to the post and/or for any legal action against me, as deemed fit by OIL.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the applicant: \_\_\_\_\_

Please enclose copy of following documents along with the application:

1. Self-Attested Copy of Birth Certificate or Admit Card/ Pass Certificate/ Marksheet of Matriculation/10th Standard or equivalent certificate indicating Date of Birth for Proof of Date of Birth.
2. Self-Attested Copy of Certificate(s) for Proof of Requisite Educational Qualification.
3. Self-Attested Copy of Certificate(s) for Proof of Post Qualification Work Experience (If any).
5. Self-Attested Copy of Certificate for Proof of OBC-Non-Creamy Layer Category (NCL) in the Govt. prescribed format, as applicable.
6. Self-Attested Copy of Certificate for Proof of Disability in the Govt. prescribed format (If applicable).
7. Self-Attested Copy of Discharge Book/Service and Release Certificate for Ex-Servicemen (pages containing Personal Particulars and Service Particulars), as applicable.

**Application in any other format will be summarily rejected.**

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